



City of Gatlinburg Registration Form

Please add my information ☐

Please remove my information ☐

Your Full Name:
Business Name (if applicable):

Phone Number: 865-

Unlisted Y or N

House Number:

Street Name:

Zip Code:

Cell Phone 1:

Alternative Phone 2:

FAX:

EMAIL:

EMAIL 2:

Check if this is a Business ☐

Check if TDD/TTY Number ☐

Mail Form to: Gatlinburg Fire Dept. Headquarters
1230 East Parkway
Gatlinburg, TN 37738

Privacy Notice and Disclaimer

The City of Gatlinburg will not share or distribute personal information gathered by this form and will use it solely for the purpose of providing Community Emergency notifications. Your information is submitted over a secure, encrypted connection for your protection.

Office use only

Entered into Reverse 911 _____

Date: _____

Admin: _____